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APPLICANTS

Cynthia Kae Florkey, Chicago, IL;
 Ruth Schaefer Gayde, Naperville, IL;
 Victoria Marie Halsell, Aurora, IL;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Met after Allowance /K.N.N./ Initials	IL	5	21

ADDRESS

Carmen Patti Law Group , LLC
 ONE N. LASALLE STREET
 44TH FLOOR
 CHICAGO, IL 60602
 UNITED STATES

TITLE

Porting a directory number for a duration of time

FILING FEE RECEIVED 1652	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit